

Exhibit 11



August 6, 2013

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Mr. Evan Miller
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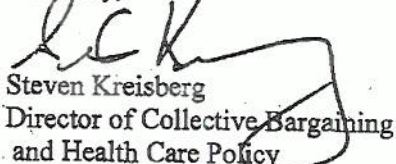
Dear Mr. Miller:

On August 2, 2013 you convened a meeting among local city union representatives to convey, in your capacity as a representative of the City of Detroit, an "Active Employee Health Insurance Proposal." During that meeting, you specifically advised those of us in attendance that the meeting was not a "negotiation" but you requested "feedback" on the proposal. At the meeting, it was brought to your attention that the City of Detroit Coalition Unions (CDCU), led by AFSCME Council 25 Assistant to the President Ed McNeil, had engaged in health benefit negotiations in 2011-12 and had achieved an agreement with the city for health care concessions valued at \$60 million annually (at that time). That agreement was never implemented.

In accordance with Michigan Public Employment Relations Act (MERA), MCL 423.201 et seq., AFSCME Council 25, on behalf of the CDCU, hereby demands bargaining in good faith on the City's August 2 health insurance proposal. We see no exemption under Chapter 9 of the bankruptcy code or the Emergency Financial Manager law (Public Act 436) from the City's duty to bargain in good faith with the exclusive representatives of city employees over terms and conditions of employment.

Ms. Samantha Woo from Jones Day has contacted Mr. McNeil to schedule a meeting with him, yourself and Brian West Easterly to discuss active employee health benefits. Attached for your reference is a summary of the CDCU proposal, including cost savings estimates, from the previous negotiations. We suggest we convene a meeting between you and Ed McNeil who will be accompanied by Richard Mack, on August 13, 2013 at 2:00 p.m. to discuss this matter. Msrs. McNeil and Mack were the CDCU's lead negotiators in 2011-12. Please respond to the undersigned at (202) 429-1237 or skreisberg@afscme.org or to Ed McNeil at (313)964-1711 or emcneil@miafscme.org.

Sincerely,


Steven Kreisberg
Director of Collective Bargaining
and Health Care Policy

SK/gm

American Federation of State, County and Municipal Employees, AFL-CIO

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DRAFT -- SUBJECT TO CHANGE

EXHIBIT A
MEDICAL CONCESSIONS

| | | Union | Management ¹ |
|--|-------------------|----------------------|-------------------------|
| <u>PPO plan:</u> | | | |
| Employee premium contribution | 20% for all plans | \$ 8,100,000 | \$ 8,100,000 |
| Plan deductible | \$250/\$500 | \$ 10,310,000 | \$ 10,310,000 |
| Insurance maximum | \$1,000/\$2,000 | \$ 9,006,000 | \$ - |
| Insurance maximum | \$1,500/\$3,000 | \$ - | \$ 9,480,000 |
| Office visit & urgent care co-pay | \$15 | \$ 656,667 | \$ - |
| Office visit & urgent care co-pay | \$25 | \$ - | \$ 1,970,000 |
| Emergency room co-pay | \$100 | \$ - | \$ 610,000 |
| Hospital co-pay | \$100 | \$ - | \$ 520,000 |
| Rx drugs - CVS Caremark plan | | \$ 28,175,445 | \$ - |
| Rx drugs - 3 tier co-pay structure | \$5/\$15/\$30 | \$ - | \$ - |
| Rx drugs - 3 tier co-pay structure | \$10/\$20/\$30 | \$ - | \$ 10,500,000 |
| Rx drugs - Pharmacy Initiatives | | \$ - | \$ 11,000,000 |
| <u>HMO plan:</u> | | | |
| Health Alliance Plan changes ² | various | \$ - | \$ 3,715,000 |
| <u>Other changes:</u> | | | |
| Eliminate BCN | | \$ 2,950,000 | \$ 3,100,000 |
| Eliminate Total Health | | \$ - | \$ 900,000 |
| Eliminate US Health | | \$ 1,190,000 | \$ 1,190,000 |
| Dental - convert all plans to Dencap | | \$ - | \$ 1,215,000 |
| Dental/Vision employee contribution | 20% for all plans | \$ - | \$ 2,977,000 |
| Adjustment for Weiler class retirees | 45% of retirees | \$ - | \$ (16,527,924) |
| Total savings | | \$ 60,388,112 | \$ 49,059,076 |
| <u>Incremental changes to reach \$60m target:</u> | | | |
| Plan deductible (PPO) | \$750/\$1500 | \$ - | \$ 3,744,633 |
| Insurance maximum (PPO) | \$2,500/\$5,000 | \$ - | \$ 3,744,633 |
| Health Alliance Plan changes ³ | various | \$ - | \$ 2,436,750 |
| Other | | | \$ 1,014,907 |
| Total savings including incremental savings | | \$ 60,388,112 | \$ 60,000,000 |

Notes:

1. Management estimate assumes PPO plan changes are underwritten by BCBS
2. Savings from HAP changes assumes \$250 ded, 20% co-ins, \$1,500 co-ins max, \$1,750 OOP max, \$25 OV, \$75 ER, \$25 UC, Rx \$10/\$20/\$30
3. Incremental savings from HAP changes assumes \$750 ded, 20% co-ins, \$2,500 co-ins max, \$3,250 OOP max, \$25 OV, \$75 ER, \$25 UC, Rx \$10/\$20/\$30